

	<b>JMH HEALTH PLAN (HMO)</b> Visit our website at <a href="http://www.jmhhp.com">www.jmhhp.com</a>
COVERAGE PLAN DESCRIPTION	A not-for-profit Health Maintenance Organization headquartered in Miami-Dade County, the JMH Health Plan is a full-service plan offering health care through a broad and extensive network of over 2,500 physicians and 25 hospitals in Miami-Dade and Broward Counties and featuring the University of Miami / Jackson Memorial Medical Center. The JMH Health Plan has served Miami-Dade County for 20 years and consistently ranked among the top HMO's in member satisfaction in both the Florida HMO Report Card, and the Miami-Dade County Employee Health Survey.
DEDUCTIBLES/COPAYMENTS	Co-payments \$10 Physician office visit \$50 Emergency Room (waived if admitted) \$7/\$20/\$35 Prescriptions for 30 day supply - Open Formulary Mail Order: \$14/\$40/\$70 for 90 day supply
PHYSICIANS	Choose any physician from the network of over 900 primary care physicians in Miami-Dade and Broward counties.
A. IN-HOSPITAL PHYSICIAN SERVICES:  Surgery/Visits & Consultations Anesthesiologist  B. OUT-PATIENT PHYSICIAN SERVICES:  Office visits for illness  Office visits for injury  Diagnostic X-Rays, Lab Tests, X-Ray treatments  Pediatrician 1) Medically Necessary  2) Preventive (Child Health Supervision Services)  Routine Physical  Obstetrical/Gynecological	Benefits payable at 100% when provided or arranged by the JMH Health Plan.           \$10 co-payment per visit, 100% thereafter  \$10 co-payment per visit, 100% thereafter  100% when provided or arranged by JMH Health Plan.  1) \$10 co-payment per visit.  2) \$10 co-payment per visit.  \$10 co-payment per visit.  \$10 co-payment per visit. No referral for 1st OB/GYN visit
Hospitalization:	Benefits payable at 100% at following affiliated hospitals: <b>MIAMI-DADE COUNTY</b> Anne Bates Leach • Aventura • Cedars • Coral Gables Hospital • Hialeah Hospital • Jackson Memorial Hospital • Holtz Children's Hospital UM/JM Medical Center • Jackson South Community Hospital • Kendall Regional • Miami Children's • North Shore • Palmetto General • Parkway Regional • University of Miami/ Hospital & Clinic

*Note: These hospitals are not full service hospitals but are contracted for specialty or specific services only.	<b>BROWARD COUNTY</b> Florida Medical Center • Hollywood Medical Center • Joe DiMaggio Children's Hospital • Memorial Hospital Pembroke • Memorial Hospital West • Memorial Regional • North Ridge Medical Center • Northwest Medical Center • Plantation General • University Hospital • Westside Regional Medical Center
Hospital/Surgical Requirements: Precertification of hospital confinements	All non-emergency inpatient confinements and physician charges are precertified through the JMH Health Plan.
Drug & Alcohol Treatment: Inpatient	Covered at 100% up to 30 days inpatient per year.
Outpatient	\$10 co-payment per visit, limited to 30 outpatient visits per calendar year.
Mental & Nervous Disorders: Inpatient	Covered at 100% up to 30 days inpatient per year.
Outpatient	\$10 co-payment per visit, limited to 30 outpatient visits per calendar year.
Other Services Ambulance Vision	100% when medically necessary 100% for eye exam per 12 months.** \$10 dispensing fee, 100% thereafter for select lenses and frames, for one pair of glasses per member per calendar year. Contact lenses not covered, 20% courtesy discount is available for professional fees and materials.
Prescription Drugs:	\$7 Generic***/\$20 Brand/\$35 Non-Formulary prescription or refill up to 30-day supply including prescription contraceptives, at participating pharmacies. If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment. Mail order available 2 x co-payment for 90-day supply.
Durable Medical Equipment (DME):	100% of pre-authorized durable medical equipment, orthotic braces and prosthetics devices, obtained through a JMH Health Plan provider. \$25 co-payment per medical condition. Maximum benefit \$500 per year.****
Out of Area: 1) Emergency	100% after \$50 co-payment (worldwide).
2) Non-Emergency	Not covered.
	**See plan literature for details regarding vision benefits limitations and exclusions. ***See plan literature regarding purchase of non-Generic drugs. ****See plan literature for benefits and limitations of DME products.